

## REFERENCES AND REVIEWS

**HERNIA REPAIR WITH MARLEX MESH**—F. C. Usher. Arch. Surg.—Vol. 84:325 (March) 1962.

Five hundred and forty-one hernias repaired with Marlex mesh are reviewed. The incidence of wound complications was 15 per cent for incisional hernias and 4.3 per cent for inguinal hernias. The recurrence rate, based on 240 patients with a follow-up of one year or more, was 10.2 per cent for the incisional hernias and 5.9 per cent for inguinal hernias. The authors believe that the results of this study justify the continued use of Marlex mesh in the repair of large and difficult hernias.

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**CLINICAL EXPERIENCES WITH A SERIES OF SMITH'S FRACTURES**—R. H. Flandreau, R. M. Sweeney, and W. D. O'Sullivan. Arch. Surg.—Vol. 84:288 (March) 1962.

The results in a series of Smith's fractures were reviewed after using a recent innovation in reduction and immobilization which employs full supination and only a slight dorsiflexion of the wrist. Maintenance of reduction was more satisfactory with the use of this position. Mechanisms of injury and a classification of the varieties of Smith's fractures were noted.

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**FAMILY GROUP INTAKE BY A CHILD GUIDANCE CLINIC TEAM**—E. A. Tyler, A. Truuma, and P. Henshaw. Arch. Gen. Psychiat.—Vol. 6:214 (March) 1962.

This study describes a technique which substitutes information from a family unit for single information, and a

3-discipline team for a single interviewer at initial clinic contact. Impressions based on 100 cases seen from September, 1959, to December, 1960, are reported, concerning influence of the technique on diagnostic studies, teamwork, teaching, patient's attitudes and team members' feelings.

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**CHRONIC PARONYCHIA: REVIEW OF 70 CASES**—R. H. Curry and J. C. Mitchell. Canad. Ass. Med. J.—Vol. 85:1291 (Dec. 9) 1961.

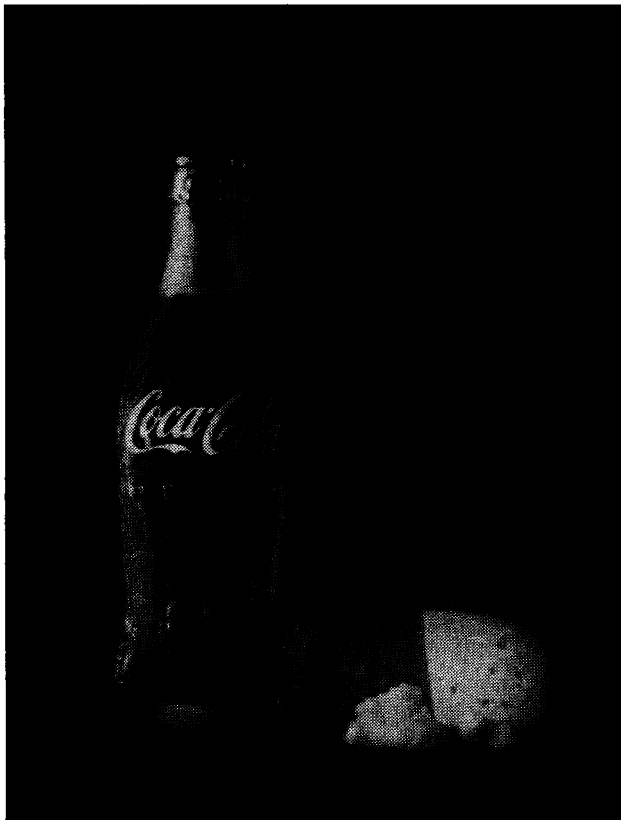
Of 69 women with paronychia, 43 were housewives. The highest incidence was in the fourth decade age-group with the right ring and middle fingers most often affected. Formation of subcuticular pocket was pathognomonic. This condition is considered a disease of home and occupational wet work. Etiological factors are assessed. Since the source of primary and secondary infection of the nail fold has been shown to be fetal, sexual difference is considered to be due to female manicuring as principal cause of chemical and physical trauma to the nail folds. A therapeutic regimen is outlined.

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**INFRARED THERMOMETRY IN DIAGNOSIS OF BREAST DISEASE**—K. L. Williams, F. L. Williams, and R. S. Handley. Lancet—Vol. 2:1378 (Dec. 23) 1961.

An infrared sensitive device was used to measure the skin temperature over lumps in the breast. One hundred patients with breast lumps were investigated and the great majority with carcinomas (54 of 57 cases), half of those with fibroadenomas and all with abscesses were found to show a rise of 1° C. (1.8° F.) or more, in the overlying skin. Cysts, adenosis, fat necrosis, and duct stasis showed rises of less than 1° C. or were actually cooler. Over carcinomas, rises of up to 5° C. (9° F.) were found. The hotter the carcinoma, the worse the prognosis. Experiments

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